



The California Managed Risk Medical Insurance Board
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Managed Risk Medical Insurance Board HFP Advisory Panel Meeting Summary August 29, 2013 Sacramento, California

Members: Jack Campana; David Rivera; Karen Lauterbach; Jan Schumann; Paul Phinney, M.D.; Elizabeth Stanley-Salazar; Alice Mayall, Ph.D.; Liliya Walsh; James Forester, D.D.S.; and Ellen Beck, M.D..

MRMIB Staff: Janette Casillas, Executive Director; Ernesto Sanchez, Deputy Director, Eligibility, Enrollment and Marketing Division; Ellen Badley, Deputy Director, Benefits and Quality Monitoring Division; Valerie York; and Maryjane Moua.

Department of Health Care Services Staff: Jane Ogle, Deputy Director, Health Care Delivery Systems; Clarissa Pool-Sims, Medi-Cal Eligibility Division; Javier Portela, Managed Care Division; Fei Collier, Project Manager; Alice Tryillo; Linh Le; Erika Cristo; Nik Ratliff; Deepikh Raj; Stephanie Hudson; and Lyden Saurne.

Other Attendees: Patricia Manriquez, Toiyabe Indian Health Project; Beth Abbot, Health Access CA; Kim Flores, Senate Office of Research; Lishaun Francis, California Medical Association (CMA); Kristine Marck, CMA; Hannah Jones, Teachers for Healthy Kids; Andrea Howard, Teachers for Healthy Kids; Jack Montes, MAXIMUS; and Norma Duran, Anthem Blue Cross.

Introductions

Jack Campana, Healthy Families Program (HFP) Advisory Panel Chair, opened the meeting. Mr. Campana introduced himself and asked the Panel Members and the Managed Risk Medical Insurance Board (MRMIB) staff and audience to introduce themselves.

New Panel Members Oath of Office

Ernesto Sanchez, Deputy Director at MRMIB, announced the Board approved the reappointment of Ellen Beck, MD, Family Practice Physician, and the appointment of Jared Fine, DDS, MPH, County Public Health Provider and Alice Mayall, PhD, Parent of a Subscriber with Special Needs. Mr. Sanchez administered the oath to Dr. Beck and Dr. Mayall.

Review and Approval of May 30, 2013, HFP Advisory Panel Meeting Summary

The HFP Advisory Panel reviewed the May 30, 2013, meeting summary. No edits were made and the summary was approved.

State Budget Update

HFP Current Year Budget Shortfall

Mr. Sanchez stated that MRMIB received a loan authority as part of the final state budget that provided funding to fill the shortfall in the HFP budget and MRMIB has paid the plans and Administrative Vendor that were owed funds.

Transition of the HFP Advisory Panel to the Department of Health Care Services (DHCS)

Draft Recommendation Letter to the DHCS Executive Director on the Role of the HFP Advisory Panel Under the Medi-Cal Program

Mr. Campana stated at the last meeting, the panel authorized a small work group to draft a letter to the Executive Director of the Department of Health Care Services (DHCS). This letter was to provide recommendations on its future role and what the Panel can provide to DHCS after it has been transitioned. The small group volunteering at the last meeting consisted of Mr. Campana, William Arroyo, MD, Liliya Walsh, and Karen Lauterbach. Ms. Lauterbach suggested changing some of the wording from “children and adults” to “families” on the initial draft. Mr. Campana highlighted some of the key points from the draft letter and added another recommendation that DHCS staff and a contact person at DHCS be designated to coordinate the meetings (as MRMIB has done). He then asked for input from the Panel.

Elizabeth Stanley-Salazar, Substance Abuse Provider, asked for a definition of the word “scope” as it was used in the letter. Janette Casillas, Executive Director, stated MRMIB never intended to cover only children and that is why the program is called Healthy Families. Providers look at entire households when providing care and MRMIB had been working toward HFP covering the entire household. She suggested, as the Panel transitions, they should also look at households and not limit their advice to children only being served. Ms. Stanley-Salazar stated in the past, the Panel focused on the children above the Medi-Cal threshold. Ms. Casillas responded the intention is to look at the entire Medi-Cal Program.

Dr. Beck stated she agrees the Panel should not limit the scope of interest as that would be a disservice to the Panel and to future subscribers. She added as a Family Practice Physician, she sees the impact a sick parent can have on the entire family. She suggested the Panel could add a couple of adult medical providers since the current focus is toward children. She also stated one of the main reasons the Panel has been so successful has been that it is trans-disciplinary. The Panel consists of providers from medical, dental, mental health, community groups, and subscriber parents. This has

allowed MRMIB to come to the Panel with issues and challenges for the Panel to provide suggestions on resolving, like a “think tank.” Finally, Dr. Beck stated, in the past, MRMIB has provided a Legislative update regarding relevant pending bills and she recommends DHCS continue this process as well.

Ms. Lauterbach asked the DHCS representatives if they planned on the Panel looking at the relationship linkage. Specifically, will the Panel be advising on all Medi-Cal children under 21 and the adults linked to their children? Jane Ogle, Deputy Director, Health Care Delivery Systems, DHCS, stated beginning in 2014, Medi-Cal is estimated to be covering over 4 million children and between 1 and 2 million linked adults. She encouraged the Panel to think about that size when creating their recommendations. She also stated Medi-Cal has several stakeholder groups which all have hundreds of participants. However, she wanted to welcome the Panel and appreciates the expertise of the Panel. She also remarked the trans-disciplinary aspect of the Panel, especially the inclusion of subscriber parents, will be unique within the Medi-Cal world and there will be a role for the Panel to fulfill.

Ms. Stanley-Salazar inquired as to the most effective way to transition the Panel. She reiterated a unique aspect of the Panel is the varied expertise of the members and that subscriber parents are included. She stated the Panel’s work has always been very purposeful and data-driven. The Panel has been able to focus on areas such as dental benefits and mental health. MRMIB has provided access to the contract drafts so the Panel could provide insight and advice. She commended MRMIB for their focus on customer service and access as well as the open and transparent relationship MRMIB has had with the public and the Panel. She recommended the Panel look to the Affordable Care Act (ACA) to provide goals and objectives to use as benchmarks when writing the letter of recommendation to DHCS.

Mr. Campana stated the Panel has been very meaningful and has been able to work with the MRMIB staff to make changes, such as the changes made to the first HFP application. He asked the DHCS representatives to provide insight into how they believe the Panel can be most effective. Ms. Ogle stated that, based on the conversation, DHCS needs to educate the Panel on what happens at DHCS and how the Medi-Cal program is administered. DHCS is in the final process of developing a new website dashboard that will include data and will be presented to the Panel once it is completed.

James Forester, DDS, asked the DHCS representatives to provide their perspective of the current draft recommendation letter. He also asked for clarification on the difference between a “board” and a “panel.” Mr. Campana explained that the original enabling statute called the group a “panel,” but the transition statute calls the group a “board.”

Beth Abbott, Health Access, stated she does not want the Panel to lose the unique qualities members have talked about thus far. She added DHCS should think about the public relationship with advocates, families, and providers. In the past, the relationship has not been good. It has been hard to access information. When staff is asked for information, they direct the public to the website, but the website is not easy to navigate.

She also stated, in general, DHCS needs to have more open and regular communication with the public, like MRMIB does with its monthly Board Meetings. She suggested DHCS could expand this Panel or rework another group in order to do this. In addition, she stated there are more constituents that need to be considered. When Dr. Beck asked her to clarify what constituents Ms. Abbott was talking about, she suggested the large number of seniors and disabled persons covered under Med-Cal.

Mr. Campana asked the Panel to provide feedback on the current recommendation to have meetings every two months for the first year. He suggested other options such as every month and extending the time frame from the first year up to the first three years of the transition.

Ms. Stanley-Salazar suggested DHCS take this opportunity to think about its input and feedback process for the Panel and the other groups in existence. She also stated the Panel should recommend successful practices to DHCS. Mr. Campana suggested the focus should be on the transition of the HFP children to Medi-Cal and their families, expansions can be added later. Ms. Stanley-Salazar said she has a lot of assumptions and no knowledge about DHCS, adding she looks forward to learning about the process and understanding DHCS.

Dr. Beck asked DHCS to identify the areas needing improvement stating DHCS should educate the Panel on DHCS' functions. She added the Panel wants to feel useful and important. Ms. Ogle stated DHCS needs to know the same information about the Panel. She does not know how the Panel contributed to the Board and asked the Panel where they see themselves in DHCS. Mr. Campana stated MRMIB staff helped to make the Panel successful.

Ms. Casillas said the Panel and DHCS may not have time to educate each other. The draft letter is intended to highlight the Panel's recommendations to DHCS. Ms. Casillas said the Panel may begin one way and evolve into something completely new. She suggested the Panel make recommendations on how the group begins. Other topics and issues can be addressed in the future. She added that MRMIB does not only present program updates; MRMIB also brings problems and challenges to the Panel for insight, technical expertise, and advice.

Ms. Stanley-Salazar stated the Panel wants to meet monthly, report to the director, review the successes and challenges of the transition, and provide input on the new website dashboard. Dr. Beck stated while the draft letter provides a good framework she would like to include the trans-disciplinary idea, with the goal being to maximize coverage for the children, charge DHCS to educate the Panel, and address the challenges Medi-Cal is encountering while children transition. She added the recommendations should include the intent to evolve from advising only on children and families to advising on all Medi-Cal beneficiaries.

Jan Schumann, subscriber parent, suggested rewording the sentence in the draft letter to help serve all the children in Medi-Cal and to have monthly meetings statewide.

Mr. Campana stated the first paragraph talks about the value and suggested the letter should include more specific details. Ms. Casillas suggested the Panel work with the MRMIB staff to complete the letter. She added another meeting of the small work group will be scheduled to discuss and finalize the letter so it can be submitted to DHCS before the November meeting, so DHCS can respond at the meeting. Toby Douglas, Executive Director, DHCS, has expressed a desire to attend the next meeting. Ms. Casillas added DHCS is working on a transition plan and will publicly release it. MRMIB will coordinate with DHCS to create a schedule of meetings for the 2014 calendar year.

Ms. Stanley-Salazar asked how the Panel can complete the letter. Ms. Casillas suggested the Panel's small group work with MRMIB staff and include the changes discussed today. Ms. Casillas stated that the Panel must provide the small work group with the authority to finalize the letter outside of the regular meeting. The motion to give the work group permission to finalize the letter was presented and passed.

Ms. Stanley-Salazar stated she wants to be explicit on changing the meeting frequency and maintaining staff support to the Panel in the provision of the meeting summaries and reports. She also stated DHCS needs to make their website easier to navigate. Ms. Casillas recommended DHCS create a tab on their website for the Advisory Board that includes information on future meetings.

Alice Mayall, PhD, subscriber parent, stated MRMIB appears simple and easy to understand. She also stated Medi-Cal is confusing even after hours of reading about it. She advised DHCS to help simplify the program to provide the children and families with the best services. She also said, from the public's perspective, DHCS is focused only on an income bracket. Going forward, she recommends that DHCS show the public that its focus is on families instead. Ms. Casillas added the Panel is the only advisory group that includes subscriber parents.

Dr. Forester stated the final letter should be sent to DHCS at least two days before the November meeting.

Ms. Abbot noted every state agency has a different culture and history. DHCS has the Medi-Cal Advisory Board which meets three times a year for five hours but only allows fifteen minutes for public comments. Mr. Campana stated the Panel has a culture in which children come first. He added the MRMIB staff care about children and make sure that eligible children receive coverage. Dr. Beck stated she will be honored to join the subcommittee and suggested they meet soon. Mr. Campana said they cannot wait until November to meet and need to begin immediately. Mr. Sanchez said the goal is to meet next week. Ms. Casillas added the MRMIB staff will include the changes and recommendations in the draft letter and send it to the subcommittee for discussion.

Mr. Schumann made a motion to include the discussed recommendations in the draft letter. Paul Phinney, M.D., seconded the motion and it was passed unanimously.

Ms. Casillas stated DHCS is working on a written transition plan that will include the transition of the Panel but is unsure when that is scheduled to be completed. Javier Portela, DHCS, stated that they do not have an estimated completion date. He also said they do not want to make many changes to the structure of the Panel.

HFP Enabling Statute and HFP Transition to Medi-Cal Statute

Mr. Sanchez presented this informational document to the Panel for use as they create the recommendation letter.

Transition of HFP Subscribers to the Medi-Cal Program

Update on Transitioned Children to the Medi-Cal Program

Mr. Sanchez presented the Update on Transitioned Children to the Medi-Cal Program. This document provides a breakdown of the number of children that were transitioned in each plan, in each county, and in each phase of the transition up to this point, as well as the projected numbers for Phases 4a, 4b, Access for Infants and Mothers (AIM) - linked infants above 200% up to 250% of the Federal Poverty Limit (FPL) in Phases 4a and 4b, and AIM-linked infants between 251% and 300% of the FPL in all phases.

Transition of AIM Linked Infants in HFP

Mr. Sanchez stated AIM-linked infants between the 200-250% FPL that meet criteria for Phases 1, 2, and 3 transitioned on August 1, 2013. Dr. Forester asked if only some AIM-linked infants will transition to Medi-Cal. Ms. Casillas responded all AIM-linked infants will be transitioned eventually.

Monitoring Reports and Summaries

Phase 1C Report for May 1-31, 2013

Phase 1C and Phase 2 Report for April 1-30, 2013

Mr. Sanchez stated that these documents included in the packets are limited to the executive summaries with a link to the full reports now available on the DHCS website.

Call Center Report

Mr. Sanchez presented the Call Center Report. He said the number of calls reached 9,600 in August.

Transition versus Disenrollment Statistics

Mr. Sanchez stated that this document has been presented to the Board every month since the Transition began. He also noted that the total enrollment in the HFP has not been this low since the first year of existence.

Updated Schedule of Subscriber Notices

Mr. Sanchez stated that the Schedule shows when notices went out to families.

DHCS Beneficiary Surveys

Phase 1C and Phase 2 Survey May 2013

Phase 1B Survey for April 2013 Mr. Sanchez stated these surveys were retrieved from DHCS' website and presented at the MRMIB Board meeting.

Ms. Mayall expressed her concerns about the data, stating the data is misleading and misrepresentative. Mr. Campana said the surveys should make clear the data reflects only the participants that responded which was not statistically significant and not all the children in Medi-Cal. Ms. Stanley-Salazar asked DHCS whether effort was made to change the sampling and data collecting method. Ms. Casillas stated that DHCS is required by the Centers for Medicare & Medicaid Services (CMS) to collect data and develop purposeful surveys. She said the Panel made recommendations to DHCS after reviewing the first survey. DHCS made some modifications by extending their call center hours and increasing their call frequency. Mr. Portela stated the second survey provides a better response rate after implementing design and requirement modifications. He added the modifications would be completed after Phase 4B.

Dr. Beck said a disclaimer should be added on each slide of the survey, including the number of participants. Mr. Portela stated DHCS utilizes their resources to develop their own surveys but also engages the stakeholder groups to develop the questions and CMS approved them.

Dr. Forester said that from the providers' perspective, DHCS should include basic questions on ability to see the same provider.

Dr. Phinney stated, in order for a sample to statistically represent the population, the sample size must be a larger percentage of that population. The data collected is not statistically valid and is not representative of the population surveyed. The pie charts are misrepresentative and should not be publicly posted online. He also suggested DHCS include a disclaimer on each page of the survey.

Ms. Mayall said her child who has autism lost his Applied Behavior Analysis (ABA) therapy after transitioning to Medi-Cal. She added the data does not reflect her experience and is misleading. David Rivera, subscriber parent, stated that his daughter was forced to change her eye doctor, even though she is still going to the same office. He said the numbers are misleading and noted that when he showed the surveys to his friends that work as CAAs, they shared parents had been telling them very different stories from the supposedly positive survey results.

Liliya Walsh, subscriber parent, stated the complaints may not have been reported to the correct department. She said DHCS needs to develop a better process to effectively collect feedback from families. She suggested sending a survey with the application and the **annual eligibility review forms**. Dr. Beck stated if the advocate parents are experiencing difficulties accessing health services through Medi-Cal, parents whose English is their secondary language may be experiencing a higher level of challenge. Mr. Schumann shared that he has not yet been able to receive Medi-Cal cards for his

children. He suggested DHCS send families a postcard welcoming comments and feedback.

Mr. Campana stated the data should not be available to the public if the surveys are misrepresentative and not statistically valid. A survey should be done separately for the population whose English is their secondary language. Mr. Portela stated the survey was conducted only for the transition, not for the quality of care. He stated that the recommendations will be taken into consideration by DHCS. Ms. Stanley-Salazar stated the ACA provides profound principles on improving customers' satisfaction with healthcare and putting children and families first. Providing a transparent survey requires direct input from customers and surveys should be publicly available. Dr. Phinney stated a survey should only be published if the survey includes a statistically valid sample response. Mr. Schumann asked whether unsatisfied customers were transferred to someone who resolved the issues. He also asked about updating the data.

Ms. Casillas stated the children are transitioning to DHCS under the authority of a waiver which also includes an evaluation of the transition. She noted that the Panel may want to submit another letter to DHCS addressing their observations of the transition. The letter may include specific issues raised by the Panel such as the lack of dental and mental services for children and families. She added the letter could also recognize DHCS' outreach efforts. Dr. Beck stated she agreed with Ms. Casillas' suggestions and said the letter should also include the subscriber parent panelists' experiences with the transition to Medi-Cal.

Dr. Beck asked if an Ombudsman telephone line is available to parents who experienced issues with Medi-Cal. Mr. Portela replied there are two; DHCS provides direct lines for Mental Health Ombudsman and Medi-Cal Managed Care Office of the Ombudsman. Dr. Beck asked Mr. Portela to explain the Ombudsman services. Mr. Portela responded the customers can call the line to speak with a staff member. Dr. Beck asked if the case gets assigned to the staff member. Ms. Abbot stated her organization conducted a mystery shopper survey on four health agencies. Members of the organization posed as consumers and made 200 phone calls to all of the health agencies, including the Ombudsman lines. She said 41 percent of the times the caller could not reach a DHCS staff member for assistance. She stated this information was presented to Mr. Douglas but he said DHCS is not properly funded to provide the service. Mr. Campana suggested this issue be forwarded to the Legislature. The Legislature needs to be informed that proper funding is needed in order for DHCS to perform effectively.

Ms. Mayall asked about the Title XIX waiver and evaluation component mentioned previously. Ms. Casillas said CMS requires DHCS to provide an evaluation of the HFP transition at the end of the year. The evaluation may include general questions about the transition and its progress. She added DHCS may also include the Panel's suggestions on the transition.

Ms. Stanley-Salazar stated a focus group should be included in January 2014. Mr. Campana agreed but said the Panel and DHCS should work together before proceeding with a new survey and focus group. Dr. Beck stated the suggestions should address the short and long term goals.

Kristine Marck, California Medical Association, suggested extending the Ombudsman support to physicians because they are also experiencing difficulties with the HFP transition.

Dr. Forester made a motion to draft a letter addressing the Panel's concerns of subscribers and providers encountering problems in the transition. The letter should include the Panel's interest in providing DHCS with solutions. The motion was seconded by Mr. Schumann and approved by the Panel.

Ms. Stanley-Salazar stated the survey and data should be the reference point. Ms. Casillas noted that without a letter from the Panel, the public, the Legislature and CMS will only have these surveys to make decisions.

Ms. Andrea Howard, Teachers for Healthy Kids, asked if complaints about the Ombudsman support can be tracked to help determine what needs improvement. Mr. Portela stated DHCS has increased its Ombudsman staff and encouraged suggestions from the Panel. Dr. Beck asked what DHCS needs to strengthen the surveys.

Mr. Campana stated the Panel's assessment is that the data used from the Beneficiary Surveys is incomplete and does not provide sufficient information about the experiences of subscribers who have been transitioned.

Ms. Casillas made a recommendation that a group of three panel members draft a letter to include their suggestions and concerns. Mr. Sanchez suggested the group work with MRMIB staff to draft a letter that will be addressed to DHCS and will also be sent to the Board. Ms. Mayall, Mr. Rivera, and Dr. Forester will draft the letter.

Mr. Campana asked Ms. Walsh whether she can continue in the previous group. Ms. Walsh responded she can.

Network Adequacy Assessment Report Addendum to Phase 3

Mr. Sanchez presented the Network Adequacy Assessment Report Addendum to Phase 3. The document presented only contains the first few pages with a link to the full document provided on the DHCS website. The document is originally produced by the Department of Managed Health Care and was published on July 2, 2013, and forwarded to CMS.

EE/CAA Medi-Cal Family Survey

Ms. Clarissa Pool-Sims, Chief, Medi-Cal Eligibility Division, DHCS, stated that a survey was sent out to Enrollment Entities (EEs) asking if they, or the Certified Application Assistants (CAAs) that work for them, were interested in continuing to assist applicants

for the Medi-Cal programs. DHCS sent the survey by e-mail to 4,000 EEs and received 500 affirmative responses out of the 800 total responses. They also received 1,200 returned e-mails from inactive addresses. Ms. Lauterbach said that the clinic she works for is an EE and she is the designated contact person, however she did not receive the survey. Ms. Pool-Sims asked for Ms. Lauterbach's contact information and stated that she will re-send the survey.

Medi-Cal Eligibility Division and County collaboration to resolve problems encountered by transitioned HFP children

Ms. Pool-Sims stated that DHCS is working with the counties to resolve problems encountered by children that have been transitioned. DHCS currently has two calls per week; one is with counties in Phases 1 and 2, and the second is with counties in Phases 3 and 4. Mostly, the counties are encountering technical difficulties with the transition phases.

Cost-Sharing exception process for American Indian and Alaskan Native children

Ms. Pool-Sims stated that in the past, the Medi-Cal program did not charge premiums. Therefore, they did not have a process in place for exempting Alaskan Native and American Indian subscribers from paying a premium. DHCS is currently working on a self-attestation process. If the subscriber is unable to provide the attestation, DHCS will allow the Indian Health Providers to send a letter with the provider's letterhead as attestation. DHCS has worked with its Administrative Vendor to suppress the billing statements for qualifying subscribers.

Ms. Walsh asked the DHCS representatives if the annual renewal process would be the same as it was in the HFP or would it be more like the Medi-Cal process which involves the asset test and greater amounts of paperwork. Ms. Pool-Sims stated that subscribers that were transitioned to the Targeted Low Income Program (TLIP) and remain in that program will have a renewal process that is similar to the HFP Annual Eligibility Review (AER). That process will remain income based; the renewal forms will continue to be sent pre-populated and will be sent with the same timing as the HFP. However, due to the Maternal and Child Health Access (MCHA) lawsuit regarding the Section 1931(b) program, counties must also screen for the 1931(b) program, and if subscribers are found to be potentially eligible, they will need to provide additional asset information before a determination can be made.

Ms. Walsh asked if new applicants to Medi-Cal can apply for the TLIP without being screened for any of the other Medi-Cal programs. Ms. Pool-Sims stated that the county social workers must screen all new applicants for all Medi-Cal programs. Ms. Casillas added that the new screening process for 1931(b) began in January 2013. Ms. Walsh asked if applicants can opt out of the asset test if they are not interested in the 1931(b) program. Ms. Pool-Sims stated that they applicants must go through the asset test first. Once they have been determined eligible for a program, they can choose to deny that program and apply for the TLIP.

Other HFP Transition Updates

No other HFP Transition updates were provided.

Legislative Update

No update was provided for this item

Outreach Update

Certified Application Assistant (CAA) Training

Ms. Pool-Sims stated that DHCS is continuing to reach out to the CAAs and EEs that MRMIB has worked with in the HFP. They are also continuing to develop a training program that will include information on more of the Medi-Cal programs and the eligibility determination process used.

Children's Health Insurance Program Reauthorization Act (CHIPRA) Outreach Grant Update

Ms. Pool-Sims stated that DHCS received requests for letters from Community Based Organization (CBO) groups. DHCS has provided Letters of Support for all of the groups that requested one.

Ms. Pool-Sims provided a brief update on School-Based Outreach, Health-e-App Public Access and Outreach and Social Media.

Other Updates

Mr. Portela passed out folders to the Panel members containing a sheet with the DHCS Mission Statement and its commitments to its employees, consumers, and the public. The folder also contained an organizational chart of the divisions within DHCS and descriptions of the divisional role and responsibility.

Mr. Sanchez passed a letter out to the Panel and the audience that was addressed to Mr. Douglas from nine (9) health advocacy groups. The letter was also sent to Ms. Casillas; Dr. Richard Pan, Chair, California Assembly Health Committee; and Diana Dooley, Secretary, California Health and Human Services Agency. The advocates' letter provided recommendations to DHCS regarding the transition of the Panel and requesting a transition plan be made public.

HFP Informational Reports

Enrollment Report

Mr. Sanchez referred the panel members to the documents in the packet.

Administrative Vendor Performance Report

Mr. Sanchez referred the panel members to the documents in the packet.

2011-12 Mental Health Utilization Report

Ms. Casillas stated this report shows improvements have been made in the HFP in the number of children receiving mental health services, but the numbers are still much lower than estimates of the number of children in the HFP needing those services. In HFP, most of the mental health services are provided by the health plan. Only those that qualify as having Serious Emotional Disturbances (SEDs) receive services from the county mental health programs. Before the HFP Transition was begun, MRMIB was working on a possible pilot program in which the health plans would provide mental health services regardless of the severity. However, in Medi-Cal, far fewer mental health services are provided by the health plans and instead, provided by the county mental health programs. Ms. Casillas also noted that up until recently, MRMIB did not have the authority to collect encounter data from the health plans. Since MRMIB obtained the authority, it has only been able to obtain a portion of the data that exists. This is the final Mental Health Utilization Report that MRMIB will be presenting.

Dr. Beck asked the DHCS representatives to teach the Panel, in the first meeting or two of 2014, how mental health services are provided in Medi-Cal. Ms. Walsh asked what other stakeholder groups DHCS works with.

HFP Subscriber Needs Assessment

Ms. Casillas stated that every five (5) years the health plans must provide a comprehensive assessment of subscribers, called the Group Needs Assessment. The most recent was submitted in September 2011. In 2012, the plans submitted an update. MRMIB's key findings indicate that more work needs to be done to make sure families are being communicated with effectively, because California is a diverse state with many language and culture groups needing to be serviced. In addition, it would be more efficient to standardize the data so that it could be submitted electronically.

Closing

Mr. Campana thanked everyone and adjourned the meeting.